



Division of Aging Services

State Review Guide

for

Adult Day Care/Day Health Services HCBS 302

PSA/County: _____ **Site:** _____

Reviewer: _____ **Date:** _____

Revised August 26, 2004

Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This guide is designed for the use of Area Agencies on Aging (AAA). It is intended to assist the AAA staff to measure the compliance and performance of Adult Day Care Services.

Definition:

Adult day services provide supports for elderly individuals, (and their families) who do not function independently but who do not need 24-hour nursing care.

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADC	Adult Day Care
CCSP	Community Care Services Program (Title XIX)
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
MDS-HC	Minimal Data Set- Home Care
MMSE	Folstein Mini-Mental Status Examination

Number	Section Cited	Adult Day Care/Day Health Services Requirements	Comments
1.	302.6	<p><u>Service Provider Eligibility:</u> The provider uses the Division's Uniform Cost Methodology to establish a unit cost for reimbursement for the non-Medicaid funded programs, and</p> <p>Is specific about the types of services to be provided, and</p> <p>Complies with the Request for Qualifications/Proposals issued by the Area Agency on Aging. YES _____ NO _____</p> <p><i>Suggested Monitor Activity: Review Area Plan</i></p>	Comments:
2.	302.9.1a	<p><u>Hours and days of operation:</u> The facility has established core hours and days of operation during which day care services are available and which reflect the needs of the communities and client/caregiver populations identified as target groups</p> <p>The facility operates less than 24/hrs per day YES _____ NO _____</p> <p>Based on customer surveys and market analysis, the provider documents efforts to expand service hours to meet the needs of the community YES _____ NO _____</p> <p><i>Monitor – Review area/strategic plan and customer surveys</i></p>	Comments:
3.	302.9.1b	<p><u>Program description:</u> The ADC provider has a written description of the program which includes:</p> <p>(1) A definition of the program goals; the days and hours of operation; a description of the services provided or made available to participants; a description of the target population to be served by the program, including age groups and specific day care needs. YES _____ NO _____</p> <p>(2) A description of any limitations of the program for providing services to individuals with special care needs. YES _____ NO _____</p> <p>(3) The program's policy for fees for service, and private pay services including the daily charge; any additional fees for specific services, goods, or supplies that are not included in the daily charge and the method for notifying participants or their representatives of any changes or adjustments in fees. YES _____ NO _____</p> <p>(4) The program's policy and procedures for accepting voluntary contributions from or on behalf of participants, including safeguards to prevent denial of service for non-contribution. YES _____ NO _____</p> <p>(5) The procedure for informing participants' families/caregivers, of any major change in</p>	Comments:

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		<p>general functioning or medical condition. YES___NO___</p> <p>(6) The procedures for documenting any incident occurring at the program site which would affect the health, safety or welfare of participants. YES___NO___</p> <p>(7) The procedure for implementing universal precautions. YES___NO___</p> <p>(8) A statement of how the program will handle situations when a participant arrives at the site with a communicable illness or begins to display symptoms of such an illness while at the site. YES___NO___</p> <p>(9) An explanation of how emergency medical situations will be handled at the site, including how participants and caregivers are informed of the procedures. The facility:</p> <p>(A) Stocks and maintains in a single location first aid supplies to treat burns, cuts and poisoning and assures that supplies with shelf dates are replaced in a timely manner to avoid expiration. YES___NO___</p> <p>(B) Makes arrangements for emergency care and/or transfer to an appropriate place for treatment, including, but not limited to physician's office, clinic or hospital. YES___NO___</p> <p>(C) Has a procedure in place to provide immediate notification to the client's physician, next of kin/responsible party, or agency who place the client in the facility of any accidents or injuries YES___NO___</p> <p>(D) Describes and documents each accident, injury, or illness, including a statement of final disposition YES___NO___</p> <p>(10) A policy and procedure to assure that no staff member, volunteer, visitor or any other person may be on the premises of the center during the hours of operation if the person exhibits: symptoms of illness, communicable disease transmitted by normal contact, or behavior which gives reasonable concern for the safety of the participants and others. YES___NO___</p> <p>(11) A procedure for following up on any unexplained absences of participants YES___NO___</p> <p>(12) A statement of smoking restrictions for the facility, and precautions to be taken for non-smoking participants, if appropriate. YES___NO___</p> <p>(13) A procedure for obtaining a signed authorization from the participant or caregiver, if applicable, allowing the release of any information about the participant to a third party. YES___NO___</p> <p>(14) A description of the criteria for voluntary and involuntary discharge of a participant</p>	

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		<p>from the program, and the time frame for notifying the participant and/or caregiver prior to an involuntary discharge. YES___NO___</p> <p>(15) A procedure for investigating and resolving complaints made by participants, family or other caregivers, or other interested persons about the services provided by the adult day care program, including providing information to such persons about appropriate local, county and/or state agency contacts. YES___NO___</p> <p>(A) Staff informs new participants or their representatives in writing of the facility's complaint procedures within 10 calendar days of services beginning. YES___NO___</p> <p>(B) Staff date-stamps all written complaints received and maintains accessible records of the complaint and resolution YES___NO___</p> <p>(C) Staff assures that facility staff register and evaluate all complaints brought to their attention within five business days of receipt of the complaint YES___NO___</p> <p>(D) The program maintains an organizational chart, illustrating the lines of authority and communication within the program. YES___NO___</p> <p>(E) Staff provides written information about the program to all other interested parties upon request. YES___NO___</p> <p>(F) Program participants and/or their caregivers, if any, receive at least 30 days notice, in written form, prior to any changes in the program elements described which would have a direct effect on the participants. YES___NO___</p> <p><i>Suggested Monitor Activity: Review for all of the following:</i> <i>-Hours of operation</i> <i>-Special needs policy</i> <i>-Fee for service policy & voluntary contributions</i> <i>-Universal precaution policy</i> <i>-Emergency care policy</i> <i>-No smoking policy</i> <i>-Discharge policy</i> <i>-Complaint policy</i></p> <p><u>Participant rights.</u> The program posts and/or distributes to participants and caregivers a written document of the following rights accorded to the participants. The materials is made</p>	

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		<p>available to individuals in the language(s) they best understand and includes, at a minimum:</p> <ol style="list-style-type: none"> (1) The right to be treated with respect and dignity; (2) The right to be free from physical or verbal abuse or mistreatment; (3) The right to participate in the development of one's service plan, with support from staff or caregiver, as needed; (4) The right to refuse to participate in any particular activity; (5) The right to privacy and confidentiality; (6) The right to be fully informed of all the services provided or available and the charges, if any, of each service; (7) The right to be informed of the reason for discharge and the procedure for appealing that decision; (8) The right to initiate a complaint and be informed of the complaint resolution process; (9) The right to a clean and safe environment while at the program facility YES _____ NO _____ <p><i>Suggested Monitor Activity: Review Client rights</i></p> <p><u>Written agreements.</u> The program initiates and maintains written agreements which describe:</p> <ol style="list-style-type: none"> (1) Administrative or participant care services which are provided for the e program by any outside agency or organization; and collaborative relationships with other agencies that share space or program staff within a multi-use facility. YES _____ NO _____ (2) Disclosure of the provision of specialized services for persons with Alzheimer's disease and related disorders. YES _____ NO _____ <p><i>Suggested Monitor Activity: Review contracts and written agreements if applicable</i></p> <p><u>Record Maintenance:</u></p> <ol style="list-style-type: none"> (1) <u>Personnel records.</u> The facility keeps personnel records in a central location in the facility, for five years, according to record retention requirements. YES ___ NO ___ (2) <u>Participant attendance records.</u> The facility maintains a record of daily attendance and transportation to and from the facility, including the time each person began receiving/participating in services each day and the time s/he left the facility's care. The facility documents arrival and departure times for all participants whether using facility-provided transportation or not. YES _____ NO _____ 	

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		<p><i>Suggested Monitor Activity: Review client attendance records</i></p> <p><u>Transportation records:</u></p> <p>(1) The facility driver(s) maintain accurate transportation and mileage records, and records of expenses for purchases of gas and oil. YES____NO____</p> <p>(2) The program maintains and retains in a secure place participant records, according to state record retention requirements, for at least five years upon discharge/termination from the program. YES____NO____</p> <p>(3) Staff date-stamps all written complaints received and maintain accessible records of the complaints and resolution YES____NO____</p> <p><i>Suggested Monitor Activity – Review policy/procedure manual and supporting documentation with emphasis on the following:</i></p> <ul style="list-style-type: none"> • <i>Transportation records</i> • <i>Location of participant records</i> • <i>Complaints and resolution</i> 	
4.	302.9.2	<p><u>Enrollment procedures:</u> The adult day care program has established enrollment procedures that include:</p> <p>(1) The applicant, and caregiver, if applicable, is informed of the length of any "trial period" required by the adult day care program to determine its ability to serve the individual and the individual's desire to participate in the program. YES____NO____</p> <p>(2) Staff provides clients or their representatives with written notice of the program's complaint procedures within ten calendar days of the initiation of service. YES__NO__</p> <p>(3) The program obtains and documents participant and caregiver information. Staff has access to and maintains the following information at a minimum:</p> <p>(a) The participant's full name, address, telephone number, date of birth and living arrangement;</p> <p>(b) The name, address and telephone number of the participant's primary caregiver(s);</p> <p>(c) The name, address and telephone number of the participant family member or significant other designated as the emergency contact, if different from the primary caregiver;</p> <p>(d) The name, address and telephone number of the participant's</p>	Comments:

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		<p>primary care physician; and the name, address and telephone number of the referring or coordinating agency and case manager, if applicable YES _____ NO _____</p> <p>(4) The program maintains all participant information on site, either in manual or electronic formats approved by the Division.</p> <p>(5) The participant, or responsible party, signs a statement acknowledging receipt of a written description of the services to be provided, the cost of those services and a statement of participant's rights. The facility maintains the original signed copy in the client record and provides a signed copy to the client/her representative. YES _____ NO _____</p> <p><u>Health Statement.</u> The program obtains a statement signed by a licensed physician, physician's assistant, or registered nurse, within 90 days prior to enrollment, or within 30 days after enrollment which includes:</p> <p>(1) An indication that the participant is free from any communicable disease that would be detrimental to other participants and staff, including tuberculosis;</p> <p>(2) A list of current diseases, chronic conditions, and drug, food or other allergies;</p> <p>(3) A statement of any restrictions in the participant's ability to participate in program activities;</p> <p>(4) The names of all prescribed, over-the-counter alternative medications including dosages, currently being used by the participant;</p> <p>(5) Program staff assures that any participant discovered to have a communicable condition of any duration is referred immediately for treatment. YES _____ NO _____</p> <p><i>Suggested Monitor Activity – Review records for:</i></p> <ul style="list-style-type: none"> • <i>Participant/caregiver contact information</i> • <i>Physician/case manager contact information</i> • <i>Services provided and cost of services</i> • <i>Participant health statement</i> • <i>Participant medication record</i> 	
5.	302.9.3	<p><u>Assessment and service plan development:</u> Each participant has received a comprehensive assessment prior to development of an individualized care plan. YES _____ NO _____</p> <p>The individualized care plan is reviewed and updated at least every 6 months with documented changes in the participant record. YES _____ NO _____</p>	Comments:

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		<i>Suggested Monitor Activity – Review the initial assessment and service plan. Review for changes in functional/health status and progress toward goal attainment.</i>	
6.	302.9.4	<p>Program Services: The range of services include at least the following:</p> <ul style="list-style-type: none"> • Activity programming • Nutrition services • Assistance and supervision • Exercise or physical activity <p>YES _____ NO _____</p> <p><i>Suggested Monitor Activity– Review participant service plan. Assure that participant was involved in the planning and that activities are appropriate to client needs, interest and ability.</i></p>	Comments:
7.	302.9.5	<p>Program Services: The program provides an approved RDA meal for participants in attendance at the program for 5 or more hours.</p> <p>(a) The program assures that an appropriate, nutritious meal is provided to each participant in attendance at the program for 5 or more hours, with lunch service occurring between the hours of 11:00 a.m. and 1:00 p.m.</p> <p>(b) Meals served by the facility are suitable in quantity and quality to provide at least one-third (1/3) of an adult's daily nutritional requirements (if only one meal is served) as established by the Recommended Dietary Allowances, and are served according to menus developed by a qualified dietician.</p> <p>(c) Special diet meals, including texture modifications, ordered by the client's physician, and developed by a dietician, are labeled with the client's name and type of diet.</p> <p>(d) The facility makes available nutritious, appropriate snacks for those participants who may need and want them (morning and afternoon, at a minimum, depending on hours of operation and attendance.)</p> <p>(e) Menus are planned and posted at least two weeks in advance. Each menu is dated and maintained on file. Staff uses the Division's Nutrition Services requirements in developing menus.</p> <p>YES _____ NO _____</p> <p>Suggested Monitor Activity – Review the meal program and assure that meal requirements are</p>	Comments:

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		<p>met. At a minimum see documentation of:</p> <ul style="list-style-type: none"> • Meals providing at least 1/3 of adults' daily nutritional requirement as established by RDA. • Special meals labeled with the participant's name and type of diet. • Availability of nutritious snacks. • Menus planned and posted at least 2 weeks in advance. • Dietary /nutrition education for clients and caregivers. 	
8.	302.9.6	<p><u>Medication administration:</u> The ADC program has a written policy for medication management and designated staff that are trained and authorized to assist with the administration of medication. The policy addresses the following requirements:</p> <p>(1) Administration of medication</p> <p>-Clients who choose not to or who cannot self-administer their medications have their medications administered by a person who holds a current license under state law that authorizes the licensee to administer medications.</p> <p>-All medication prescribed to clients is dispensed through a pharmacy or by the client's treating physician or dentist.</p> <p>-Physician samples are given to a client provided the medication has specific dosage instructions for the individual client.</p> <p>-Each client record contains a medication profile, including but not limited to a listing of any known allergies to medications, current medications (including OTCs), with pharmacy name(s), strength, dosages, frequency, directions for use, route of administration, prescription numbers, and dates of issuance by each pharmacy.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>(2) Assistance with self administration.</p> <p>Licensed nursing staff provide assistance to individuals who are incapable of self-administering medications independently, including and limited to:</p> <p>-Providing reminders to take medications at prescribed times;</p> <p>-Opening containers or packages and replacing lids;</p> <p>-Pouring prescribed dosages of liquid and solid</p> <p>-Returning medications to the proper locked areas;</p> <p>-Obtaining medications from a pharmacy;</p> <p>-Listing on the individual client's medication record profile the medication name, strength, dosage, amount received, directions for use, route of administration, prescription number, pharmacy name, and date each medication was issued by the pharmacy. YES _____ NO _____</p>	Comments:

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		<p>(3) <u>Self-administration</u> -Staff assures that the prescribing practitioner reviews and updates the participants' medications list no less than annually. -Clients who are able to administer their own medications are assessed at least once a month by licensed nursing staff to determine their continued ability to self-administer their medications/treatments. Staff documents the assessment in the client record. -Clients who choose to keep their medications locked in a central medication storage area are permitted access or entrance to the area for the purpose of self-administering their own medication and/or treatment regimen. A facility member remains in or at the storage area the entire time the client is present. YES_____NO_____</p> <p>(4) <u>General medication management procedures</u> -Each client who takes medication or treatment at the day care program facility has in his/her record written orders from the prescribing practitioner(s) for each such medication or treatment. -Each client record contains documentation of known drug, food and contact allergies and adverse reactions. Nursing staff has access to and use the most current edition of the Physician's Desk Reference (PDR) or equivalent professional pharmaceutical reference in assessing potentially adverse drug reactions. -The program director, activities director, or nursing staff reports immediately to the client's physician and responsible party any unusual reactions to medications or treatments. -When the program staff supervises or administers medications, the actual administration of medications is documented in the participant's permanent record, including the name of the medication, dosage, method of administration, date and time administered, and the name of the staff member who administered the medication YES_____NO_____</p> <p>(5) <u>Storage</u> -The facility provides a locked area for all medications, including over-the-counter drugs. All medications remain in the original label containers. -Acceptable methods of storage include, but are not limited to: (a) central storage area (b) medication cart. -The medication room or cabinet storage area has a separate, permanently attached cabinet, box or drawer with a lock to store drugs covered by Schedule II of the Controlled substances Act of 1970.</p>	

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		<p>-Each participant's medication is stored separately from others</p> <p>-Refrigerators used for medication storage are located in Designated and locked storage areas. Medication requiring refrigeration is stored in a refrigerator used only for medicine storage, or in a separate and locked storage box in a refrigerator.</p> <p>-Poisonous substances and medications labeled "For external use only" are stored separately from other medications within the locked storage area. YES _____ NO _____</p> <p>(6) Disposal</p> <p>-Medications no longer being used by the clients for the following reasons are kept separate from current medications and are disposed of only by registered pharmacists licensed to practice in the state of Georgia:</p> <p>-Medications discontinued by order of the physician;</p> <p>-Medications which remain after a client has died;</p> <p>-Medications that have passed the expiration date.</p> <p>-Sharps are disposed of in appropriate sharps disposal systems or containers.</p> <p>-Medications kept in a central storage area are released to discharged clients when the clients or a responsible party have signed a receipt for the medications. YES _____ NO _____</p> <p><i>Suggested Monitor Activity – Review the program’s policy and assure that standards are met as indicated in the following:</i></p> <ul style="list-style-type: none"> • <i>(b) Administration of medications</i> • <i>(c) Assistance with self administration</i> • <i>(d) Self administration of medications</i> • <i>(e) General management procedures</i> • <i>(f) Medication storage</i> • <i>(g) Medication disposal</i> 	
9.	302.9.7	<p><u>Transportation:</u> Transportation providers have documentation of liability insurance and a valid drivers license.</p> <p>-There is documentation of annual inspections and routine maintenance and service. YES _____ NO _____</p> <p><i>Suggested Monitor Activity - Review documentation of proof of insurance/drivers license log, annual inspection and vehicle maintenance records</i></p>	Comments:

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10.	302.10.1	<p><u>Personnel Policies:</u> Written personnel policies meet the following requirements:</p> <ul style="list-style-type: none"> (1) Annual and sick leave (2) Educational opportunities (3) Pay practices (4) Employee benefits (5) Grievance procedures (6) Performance and evaluation procedures (7) Criteria for advancement (8) Termination procedures (9) Authority for hiring and terminations (10) Use of any work test or probationary period (11) Staff participation in reviews of personnel practices (12) Maternity leave (13) Military leave (14) Civic leave (jury duty and court attendance) <p style="text-align: right;">YES _____ NO _____</p> <p><i>Suggested Monitor Activity - Review policy and procedure manual</i></p>	Comments:
11.	302.10.2	<p><u>Personnel File information:</u> The adult day care program maintains a file on site, on each employee, which is available to the AAA, Division staff and any other appropriate state, or federal staff who may monitor the program.</p> <p style="text-align: right;">YES _____ NO _____</p> <p><i>Suggested Monitor Activity - Review a sample of employee files for:</i></p> <ul style="list-style-type: none"> • <i>Employee demographics, work history, references, licenses and training</i> • <i>Criminal records check</i> • <i>Letters of reference</i> • <i>Health records</i> 	Comments:
12.	302.10.3, 4, 5	<p><u>Staff Positions:</u> The program operates with adequate numbers of staff. YES _____ NO _____</p> <p><i>Suggested Monitor Activity – Review organizational chart, job descriptions, staffing ratios and staff positions to assure that an appropriate model of programming is in place.</i></p>	Comments:

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13.	302.10.6	<p><u>Staff training:</u> There is a written plan for staff orientation, and training to meet training requirements: All adult day care staff who interact with participants, and volunteers who are included as part of the staff-to-participant ratio complete an orientation within the first two weeks of employment. Content includes, but is not limited to:</p> <ul style="list-style-type: none"> (1) An explanation of participant rights; (2) An explanation of the adult day care program policies, including the client population served; (3) Training in recognizing and responding appropriately to medical and safety emergencies, including adult CPR certification and first aid; (4) Orientation to health care delivery, including safe body functions and mechanics; personal care techniques and procedures; (5) An explanation of established emergency and evacuation procedures, including proper use of fire extinguishers; (6) An explanation of the program's procedures related to universal precautions, prior to exposure to potentially infectious materials; (7) Identification and reporting of suspected abuse, neglect, and/or exploitation of participants. <p style="text-align: right;">YES _____ NO _____</p> <p><i>Suggested Monitor Activity: Review training manual and logs</i></p> <p><u>Substitute staff.</u></p> <ul style="list-style-type: none"> (1) Substitute consultant staff, if any, completes 3 hours of orientation. (2) Substitutes for direct service staff used on a regular basis completes all training requirements. <p style="text-align: right;">YES _____ NO _____</p> <p><i>Suggested Monitor Activity: Review records for substitute staff</i></p> <p><u>Continuing education.</u></p> <ul style="list-style-type: none"> (1) After the first year of employment, all employees who have direct care or program activity responsibilities, including the Program Administrator have completed three hours of continuing education quarterly or 12 hours in total annually. <p style="text-align: right;">YES _____ NO _____</p>	Comments:

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		<p>(2) Educational topics are pertinent to the general job responsibilities of each staff member. YES____NO____</p> <p>(3) Hours of continuing education include in service training, outside workshops, lectures, or training provided through audio/video, or Internet interactive technology. YES____NO____</p> <p>(4) The trainers are persons known to have expertise in the topics presented. YES____NO____</p> <p>(5) The program administrator assures that appropriate staff maintain current Adult CPR and Basic First Aid. YES____NO____</p> <p>-The program administrator documents the initial training and continuing education completed by each staff member, including dates, times, and topics of training.</p> <p>-The adult day care program provides orientation, training and supervision to program volunteers YES____NO____</p> <p><i>Suggested Monitor Activity – Review training manual</i></p> <ul style="list-style-type: none"> <i>Review a sample of employee files to assure that timelines and training content is met.</i> <i>Review files for continuing education</i> 	
14.	<p>302.11</p> <p>302.11.1</p>	<p><u>Environment:</u> Program staff engaged in food storage, preparation and distribution observe all applicable DHR Rules and Regulations and local health ordinances governing food safety.</p> <p>(1) Food Service</p> <p>-Individuals who prepare or serve meals at the site wear clean clothing and wash their hands before and after each handling of food, and after using the toilet.</p> <p>-Participants whom assist in preparing/serving food are directly supervised by staff.</p> <p>-All kitchen utensils and food contact surfaces used in preparation, storage, and food service are thoroughly cleaned and sanitized after each use.</p> <p>-Single-service utensils are not be reused.</p> <p>-All utensils and dishes are scraped and pre-washed under running water.</p> <p>-Facilities providing site prepared meals provide a three compartment sink and use the following three step procedure for manual dishwashing:</p> <ol style="list-style-type: none"> (1) Wash water is at least 110° Fahrenheit (43° Celsius.); (2) Dishes and utensils are rinsed in clean, hot water to remove soap/detergent; and (3) Dishes and utensils are sanitized by immersing for at least 2 minutes in a solution of sanitizer acceptable under DHR Rules and Regulations for Food Service. <p>-Sinks are large enough to permit the complete immersion of utensils and equipment and each</p>	Comments:

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		<p>compartment is supplied with hot and cold potable water.</p> <p>For mechanical washing of dishes and utensils in residential dishwashers with a temperature setting of at least 110° Fahrenheit (43° Celsius.) the following applies: -Dishes and utensils are washed and rinsed in the dishwasher; and removed from dishwasher and sanitized by submerging dishes and utensils for at least 2 minutes in a solution of sanitizer acceptable under DHR Rules and Regulations for Food Service.</p> <p>For mechanical washing of dishes and utensils using a commercial washer, the following shall apply: -Dishes are washed in water of at least 130° Fahrenheit (54° Celsius) for at least 20 seconds, using an effective cleaning agent; -Dishes are rinsed and sanitized at 180° Fahrenheit (82° Celsius.) for 10 seconds or more, using automatic rinse injector; and have readily visible temperature gauges in the wash compartment of all mechanical dishwashers and the rinse tank of an immersion-type dishwasher. -All dishes and utensils are air-dried in racks or baskets or on drain boards, unless a dishwasher which performs this step, is used.</p> <p><i>Suggested Monitor Activity: Inspect kitchen and review standards and procedures related to dishwashing. Review temperature log for water temp</i></p> <p><u>(2) Food Storage.</u> -All food and drink is stored in a safe and sanitary manner. No food or drink is stored on the floor. YES___NO___ -All perishable foods are covered and refrigerated at or below 40° Fahrenheit (4° Celsius) and stored in a sanitary manner. YES___NO___ -Freezing units are maintained at or below 0° Fahrenheit (-18° Celsius). Foods to be stored in a freezer are wrapped in appropriate materials or containers and identified with the storage date and contents. YES___NO___ -Each refrigerator and freezer has an accurate thermometer inside the unit. YES___NO___ -Food preparation kitchens have separate hand washing fixtures, providing hot and cold water, soap and individual towels (preferably paper). YES___NO___</p> <p>*(Where a kitchen area is used only to serve food prepared elsewhere and cooking equipment is used only to warm food, prepare hot drinks, or provide similar limited food</p>	

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		<p>service, separate hand washing sinks in the kitchen area are not required)</p> <p><i>Suggested Monitor Activity: Inspect the food storage areas and temperature logs</i></p> <p><u>(3) General Conditions.</u></p> <p>-The grounds, building, and furnishings are free from litter, clean and safe, and in good repair. YES____ NO____</p> <p>-Waste, trash and garbage is removed from the premises at regular intervals, in accordance with state/local practices. YES____ NO____</p> <p>-All outside refuse containers have tight fitting lids that are left in closed position.</p> <p>-Containers are maintained in clean and serviceable condition. YES____ NO____</p> <p>-Floors are maintained in good condition and cleaned regularly. YES____ NO____</p> <p>-Walls and ceilings are structurally sound and maintained, cleaned, repaired and/or painted when needed. YES____ NO____</p> <p>-Toilet rooms and fixtures are accessible, function properly and are maintained in a sanitary and odor free condition. YES____ NO____</p> <p>-At least one toilet is available for every 15 participants. If separate toilets for staff and volunteers are not provided, they are included in the count. If urinals are provided, they are counted as one-half toilet. YES____ NO____</p> <p>-There is a minimum of one lavatory for every two toilets. YES____ NO____</p> <p>-Multiple toilet rooms have individual stalls with doors that can be closed. YES____ NO____</p> <p>-All toilets are equipped with grab bars. YES____ NO____</p> <p>-Lavatories provide hot and cold water, soap and either warm air dryers or a sanitary source of individual paper towels. YES____ NO____</p> <p>-Each toilet room is equipped with waste receptacles that are emptied and cleaned regularly, but not less than weekly. YES____ NO____</p> <p>-Exposed lavatory pipes are covered with an appropriate form and amount of insulating material. YES____ NO____</p> <p>-Doors to all toilet rooms are equipped with locks which can be opened from the outside, in case a participant experiences difficulty and needs staff assistance. YES____ NO____</p> <p><i>Suggested Monitor Activity: Inspect lavatory areas</i></p> <p><u>Bathing units.</u></p> <p>-A minimum of one bathing unit is provided in the facility which provide assistance with</p>	

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		<p>personal care and bathing. YES____NO____</p> <p>-The bathing unit does not interfere with the use of restrooms by other participants. YES____NO____</p> <p>-Each tub or shower is in an individual room or enclosure which provides for the private use of the fixture, for bathing, drying and dressing YES____NO____</p> <p>-Tubs/showers for participant use have non-slip bottoms or floor surfaces, either installed or applied to the surface. YES____NO____</p> <p><i>Suggested Monitor Activity: Inspect bathing areas</i></p> <p><u>Odor control.</u></p> <p>-All bathrooms, toilet rooms, and other odor producing rooms, or areas where soiled materials are handled, are mechanically ventilated to the exterior. Windows are not the only source of ventilation. YES____NO____</p> <p><u>Pest control</u></p> <p>-The facility has made every effort to guard against insects, rodents, and any other condition that would affect a sanitary environment. YES____NO____</p> <p>-A pest control program is provided by qualified center staff or by contract with a licensed pest control company. YES____NO____</p> <p>-The facility maintains documentation of routine pest control work performed. YES____NO____</p> <p><i>Suggested Monitor Activity: Observe for evidence of requirements above. For example:</i></p> <ul style="list-style-type: none"> • <i>Appearance of food handlers</i> • <i>Cleanliness of food preparation areas</i> • <i>Thermostats in dishwashing area and freezers</i> • <i>Food storage areas</i> • <i>Food service inspection report</i> • <i>Visually inspect building and grounds</i> • <i>Note waste disposal containers</i> • <i>Observe cleanliness of rooms and building</i> • <i>Observe toilet areas</i> • <i>Observe bathing areas</i> • <i>Ask for evidence of pest control program</i> 	

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15.	302.11.2	<p><u>Safety & Accessibility:</u> The center conforms to all applicable state laws and local ordinances pertaining to occupancy and the physical plan safety requirements.</p> <p>-The center has a standard telephone (not for pay) that is immediately accessible with emergency telephone numbers posted. YES____ NO____</p> <p>-The center maintains a current emergency response/disaster plan YES____ NO____</p> <p>-Stairs, walks, ramps and porches are maintained in a safe condition. YES____ NO____</p> <p>-All stairways have handrails made of substantial materials properly installed. YES____ NO____</p> <p>-Elevators are maintained in safe, operating condition and inspected annually. YES____ NO____</p> <p>-Newly constructed ramps do not exceed 1:12 slope. YES____ NO____</p> <p>-Ramps, walks, and steps are of slip- resistive texture and are smooth and uniform without irregularities in the surfaces. YES____ NO____</p> <p>-If the center uses animals as a part of the program activities, any such animals are tolerant of people on the premises, and vaccinated against rabies, if appropriate. YES____ NO____</p> <p>- Documentation of immunizations for all animals is maintained at the center. YES____ NO____</p> <p>-Participants have access to a supply of safe drinking water at all times. YES____ NO____</p> <p>-The adult day care program develops and maintains a current, written emergency response plan (for each site where services are provided), with procedures for responding to fires; tornadoes and other weather-related emergencies; missing participants; injuries; and other emergencies. YES____ NO____</p> <p>The day care site:</p> <p>-Conspicuously posts the evacuation plan throughout the facility; YES____ NO____</p> <p>-Informs all staff of their duties during an emergency; and</p> <p>-Practices and maintains documentation of quarterly fire and annual tornado drills, noting the amount of time required for staff and participants to complete the drills. YES____ NO____</p> <p><i>Suggested Monitor Activity: Ask for proof of most recent inspection report and disaster plan. Assure that a telephone is immediately accessible. Ask for documentation of most recent fire drill</i></p>	Comments:

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16.	302.11.3	<p><u>Fire and Personal Safety:</u> The ADC program maintains documentation of annual fire safety inspection and any other required inspections</p> <p><i>Suggested Monitor Activity: Ask for annual fire inspection report</i></p>	
17.	302.11.4	<p><u>Building, Furnishings and Equipment:</u> The ADC center has no occupancies or activities which would adversely affect the safety of participants in the building or on the premises.</p> <p>-The facility is designed and constructed in such a way that is accessible and functional in meeting the identified needs of the adult population it serves.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-There is at least 35 square feet for each ambulatory participant and at least 50 square feet of usable floor space for each participant requiring assistance with walking.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>- There is sufficient furniture and equipment for use by participants, which provide comfort and safety, and are appropriate for an adult population with physical limitations, visual and mobility limitations and cognitive impairments.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-Furnishings and equipment are arranged in a manner that does not obstruct exits and movement within the facility.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-The facility is furnished to provide seating for each participant and table space sufficient to seat all participants for dining at one time.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-Dining areas and furnishings shall be arranged to accommodate participants using wheelchairs, when present.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-Textiles/other materials used in furnishings are stain and moisture-resistant and easily cleaned.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-An area for rest, other than areas used for personal care assistance, shall be provided with a sufficient number of reclining lounge chairs or beds to accommodate the needs of the participants.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-If a room or rooms with beds are provided, there is not less than 80 square feet of usable space per bed, and not less than 60 square feet for each bed in a room with multiple beds.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-A bedroom is not less than 8 feet in its smallest dimension.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-The facility is equipped with a serviceable washer and dryer.</p> <p style="text-align: right;">YES _____ NO _____</p> <p><u>Climate control.</u></p> <p>-During winter heating months, room temperatures is maintained at not less than 70° Fahrenheit; during summer cooling months, room temperatures is maintained at a setting which assures the health, safety and comfort of the participants.</p> <p style="text-align: right;">YES _____ NO _____</p> <p>-The facility has an office space in a central location for staff to use when recording and</p>	<p>Comment:</p>

Number	Section Cited	Adult Day Care/Day Health Services Requirements	Comments
		<p>maintaining participant files. YES ____ NO ____</p> <p><u>Lighting</u></p> <p>- Facilities have as much natural lighting from windows as possible, using shades, blinds or draperies to control/prevent glare. YES ____ NO ____</p> <p><u>Outdoor space</u></p> <p>-The facility has a safe, secure and suitable outdoor area for the relaxation and recreation of participants. YES ____ NO ____</p> <p>-The area is connected to, a part of, controlled by and directly accessible from the facility. YES ____ NO ____</p> <p>-The area is enclosed by a wall or fence or located in a courtyard and is supervised by staff to prevent clients from wandering; and is large enough to conduct activities. YES ____ NO ____</p> <p>-At least 20 percent of the outdoor space square footage provides shade. YES ____ NO ____</p> <p>-The area is properly furnished with safe, clean furniture and equipment, appropriate for outdoor use. YES ____ NO ____</p> <p><u>Existing buildings</u></p> <p>-The facility meets all local requirements pertaining to the use of the building as an adult day care facility. YES ____ NO ____</p> <p><i>Suggested Monitor Activity – Observe furnishings and equipment, lighting, rest areas, room temperature etc for compliance to requirements</i></p>	
18.	302.12	<p><u>Suspected Abuse, Neglect or Exploitation Reporting:</u> The center has a policy for reporting suspected abuse, neglect or exploitation.</p> <p>-Staff is trained and able to recognize situations of possible abuse, neglect or exploitation.</p> <p><i>Suggested Monitor Activity – Inspect policy and training/in-service requirements</i></p>	Comment: